

Best Available Copy

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ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>10/22/99</i>
O.I.P.E. CLASSIFIER		<i>71034</i>	<i>10/26/99</i>
FORMALITY REVIEW			<i>11/5/99</i>

INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
..... Allowed I ..... Interference  
(Through numeral) Canceled A ..... Appeal  
..... Restricted O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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